

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039706

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. 4228 Registrar's No. 21

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Glasgow</u>		c. CITY OR TOWN <u>Glasgow</u>	
Length of stay in 1b <u>30 yrs.</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1st St.</u>		d. STREET ADDRESS (If outside, give location) <u>1st St.</u>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Armine</u> Last <u>Meyer</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1899</u>
9. AGE (last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>	
11. BIRTHPLACE (City and state or country) <u>Glasgow Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>George B. Meyer</u>		14. MOTHER'S MAIDEN NAME <u>Carrie T. Lewis</u>	
15. NAME OF HUSBAND OR WIFE <u>Veta Groce Meyer</u>		16. SOCIAL SECURITY NO. <u>Ms. Wm A. Meyer</u>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		18. INFORMANT <u>Ms. Wm A. Meyer</u>	
19. ADDRESS <u>Glasgow Mo</u>		20. ADDRESS <u>Glasgow Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun Shot Wound of Head</u> <u>Suicide</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychoneurosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self Inflicted</u>	
20c. TIME OF INJURY Hour <u>2:00</u> p.m. Month, Day, Year <u>10-10-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Glasgow</u>
21. I attended the deceased from <u>10-10-63</u> to <u>10-10-63</u> and last saw him/her on <u>10-10-63</u> Death occurred at <u>2:00 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Fayette Mo</u>	

22a. SIGNATURE <u>Wm Bloom</u>	(Degree or title) <u>M.D. - Corona</u>	22b. ADDRESS <u>Fayette Mo</u>	22c. DATE SIGNED <u>Oct. 12, 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 12, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>
24. FUNERAL DIRECTOR <u>Fleming Funeral Service</u>	ADDRESS <u>Glasgow Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 10, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Walker Andaley</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 29 1963

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision.

Signee

P. O. Address Klesgou 140

If this body is not embalmed, fact should be so stated above.